Drivers 2B Registrat	tion Form				
[Office use only: Date Re	ceivedRecei	ipt#	_Amount	Session]
**Return form, \$75 depos	sit or \$385 if paid in full to: Dri	ivers 2B, 644 Hillcre	st Dr., Waupaca, W	/I 54981 or cal	1715.258.7887
Student's Full Legal Nam	ne				
Student's Month/Day/Year of Birth		PARE	NT or GUARDIAN'S	S Home Phone	e / Cell Number
Student's Address, City, S	State, Zip Code				
Parent's Signature					
Check one:	DepositOnly	Entire Course	!		
Check course desired:	Classroom & BTW	Classroom	BTV	N	_Refresher
<u>20</u> :					
20	18				
AUGUST 6 - AUG					
SEPTEMBER 24	-OCTOBER 12 [WAUPACA	A]			
OCTOBER 29 - NO	OVEMBER 16 [WAUPACA]				
OCTOBER 29 - N]				
DECEMBER 3 - D	ECEMBER 21 [WAUPACA	.]			
<u>201</u>	9				
JANUARY 14 - FEBRUARY 1 [WAUPACA]					
FEBRUARY 25 - MARCH 15 [WAUPACA]					
MARCH 4 - MAR					
APRIL 22 - MAY 1	0 [WAUPACA]				
JUNE 10 - JUNE	28 <u>8-10 A.M.</u> [WAUPACA	\]			
JUNE 10 - JUNE	28 <u>8-10 A.M.</u> [AMHERS]	T]			
JUNE 10 - JUNE	28 <u>6-8 P.M.</u> [WAUPACA]]			
JULY 8 - JULY 26	6 <u>8-10 A.M.</u> [WAUPACA]				
AUGUST 5 - AUG	GUST 23 [WAUPACA]				